

Schizophrenia, Culture,
and Subjectivity

The Edge of Experience

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7 To "Speak Beautifully" in Bangladesh: Subjectivity as *Pāgalāmi*

James M. Wilce, Jr.

Introduction

This chapter demonstrates that what Bangladeshis call *pāgalāmi*, madness, is shaped by metacommunicative pressures and cultural sensibilities touching gender and the aesthetics of behavior and experience.¹ My analysis, inspired by linguistic anthropology, uncovers one aspect of the relationship between Bengali culture, language, and interactive style. I analyze a transcript of videotaped conversation with a person with schizophrenia to focus on speech as contextually embedded interaction rather than simply a manifestation of individual psyche. I focus on conversational turn taking and breakdowns therein to uncover a Bangladeshi family's embodied sense of beauty in interaction. Videotape reveals uses of the body in gesture and postural orientation. Through their bodily and verbal acts, we can witness Bangladeshis struggling to achieve or maintain intersubjectivity, enacting local gender sensibilities, and responses to modernity.

Schizophrenia and *Pāgalāmi*: Dual Perspectives on Bangladeshi Cases

I focus my analysis on a woman I call Rani, about twenty years old at the time her encounter with madness began, whom I met in the course of doing anthropological fieldwork in Bangladesh. I describe her case in the context of families and villages, which is where the realities of Bangladeshi *pāgalāmi*, or madness, are still largely constructed, rather than in the framework of medicine, psychiatry, and mental institutions. In relation to Rani's case and a number of others, I had the advantage of collaborating with Dr. Chowdhury, a practicing Bangladeshi psychiatrist, who was trained in the United Kingdom and who diagnosed these cases as fulfilling the ICD criteria for schizophrenia. I will contextualize the story of Rani and draw attention to some of the features she has in common with others who are called *pāgal* (mad). The *pāgalāmi* model inflects the broad range of local forms of madness; consistencies across these cases warrant

attention to that model insofar as it is itself a factor in the behavior and experiences associated with madness in Bangladesh. Thus, I also draw upon my knowledge of other cases – and of ample interactions (some recorded) in normal families – that I am unable to present here (Wilce 1998, 2002).

Gendered Identity and Language in Bangladesh

Bangladesh is the product of river deltas. Its floods constantly renew the topsoil on which rice depends, though they can also wash away whole villages and, over the long term, threaten the whole city of Chandpur, capital of the district that includes the subdistrict Matlab where I undertook two periods of fieldwork (in 1991–92 and in the summer of 1996). Rani's first acute psychotic episode followed a particularly frightening flood. Her insistence some four years later that she was seeing snakes invisible to others might represent a memory of snakes floating in the muddy waters at that time.

Rani's family represents the rapidly shrinking Hindu minority in Bangladesh (Nasrin 1994), while the other cases I draw on are Muslims.² Hindus and Muslims share some of the ethos of *pardā*, a more or less strict gender segregation, most visibly represented by the "veils" or head-to-toe coverings that Muslim women wear. Gender relations have changed radically since the times of the original *ādibāsis*, the indigenous residents of Bangladesh, now largely swallowed up or driven off. The female spirits of the *ādibāsis* (the sometimes sexually charged *bhut* spirits), and the gendered *jinn* (male) and *pari* (female) of orthodox Muslims' spiritual world, are still feared by Muslims and Hindus alike. A wildness beyond control is associated with *ādibāsis*, as well as with the *bhut*, *jinn*, and *pari* spirits. The following proverb links two other categories within Bengali culture that exemplify behavior that is out of control:

chāgale ki nā khāy, pāgale ki nā kay.
What won't a goat eat – and what won't the mad say!

Wildness is thus associated with those who are mad as well as animals, spirits, and jungles.

Rice agriculture (symbolized by the plow) occupies a central place in the Bengali cultural order and represents the subjugation of the "wild" *ādibāsis* and the end of their way of life. Given the associations between the *ādibāsis* and female spirits, agriculture is also a highly gendered symbolic field. The plow is likened to the phallus and represents male dominance, while the field represents the auspicious form of female fertility: the form under male control. Muslim folklore in Bangladesh depicts

Allah appointing Adam to the task of growing rice; this male work thus takes on religious significance, and these discourses in turn reproduce gender ideologies and gender relations.

The Bangla language and attitudes toward it were deeply influenced by the agencies of colonialism (Kopf 1969), which associated the Bangla-speaking Other with the poets of the Bengal Renaissance and with femininity, in contrast to the masculine British self (Nandy 1983; Banerjee 1989). The Raj's symbolic feminization of its colony provoked resistance movements that engaged the feminine (images of Mother and Motherland invoked again by India's current ruling party) in a rhetoric of violent resistance (Kakar 1978:260–81). Gender distortions and rage may reach unique levels among the mad in Bangladesh, but they still need to be seen against the backdrop of that history of colonial insult. Violent assertions of national pride are neither limited to present-day India nor to rhetoric. A rickshaw puller once told me about his participation in the Bangladesh Liberation War, during which he and his companions had faced daunting odds with great courage. He boasted that Bangladeshis fear nothing. The level of violence in Bangladesh must surely have grown significantly since 1971, with many weapons "left sitting around." To the extent that a willingness to commit violence – sometimes described as "fearlessness" – is now a part of the construction of male Bangladeshi identity, it is a problem (for some men) against which the profound fears typifying paranoid ideation are further shaped in personal and culturally typifying forms of "meta-emotion" (Gottman, Fainsilber Katz, and Hooven 1996), feelings and values in relation to emotion.

In recent decades, new forms of language have emerged in Bangladesh, particularly those representing the language of the new state. Increasing emphasis is being placed on rational and efficient "clear" speech. Valued speech forms exhibit both semantic discipline in the service of this clarity of reference and a commitment to intersubjective engagement – to common understandings, politeness, and mutuality that link speaker and audience. As mass public education has spread, even to the rural areas of Bangladesh, the challenge of helping children succeed in school has led to a proliferation of a new form of wage labor – late adolescent boys and girls tutoring younger children. Rani's sister earned money this way, making an important contribution to their household income. Such tutoring, along with the encouragement of public speeches by schoolchildren (that is, most of Bangladesh's children) on national holidays, enable role models of loud, clear speech to reach and influence many if not most Bangladeshi children, even in rural areas.

In this and other ways, modernity touched all the cases of madness that I became acquainted with insofar as even rural Bangladesh has been

incorporated into the cash/wage economy. Mass education is becoming a reality even for girls, and some expectation of salaried employment is held out for male and female graduates of high school and college. The clash between these inflated expectations on the one hand, and severe unemployment and underemployment on the other, has a negative impact on the illness careers of the mad. Gender roles and ideologies are changing, too, but when troubled people violate gender norms – particularly notions of modesty and appropriate gender segregation (*pardā*) – they suffer from the sense of being abnormal and sometimes from open ridicule or even violent reactions from their families. Thus, cultural as well as economic values and pressures affect the lives of those called *pāgal*; gendered dimensions of the self are particularly vulnerable to both sorts of pressure.

Pāgalāmi: Bangladeshi Models of Madness

The "madness" label deserves our attention. In Bangladesh, much like West Bengal where it has been described in one ethnography (Bhattacharyya 1986), human *pāgalāmi* is likened to the behavior of goats – out of control, oral, intrusive, and sometimes embarrassing if not harmful to the household to which it may be tethered. Madness is norm-defiant behavior. Even so, it can be a divine gift. This equation of madness and divinity reflects socioreligious movements outside of Brahmanical Hinduism in medieval Bengal, movements involving more charisma than routine, which overtly rejected such pervasive norms as ritual purity and caste.

None of the twenty rural Bangladeshis whom I asked to list all the illnesses they knew mentioned madness. Yet whenever *pāgalāmi* shows itself to be not divinely inspired ecstasy, but insanity, people tend to call it a *rog*, or "illness." Help is needed, first in divining or diagnosing its cause (Bhattacharyya 1986). Even if someone can determine the cause, they might well have no medication for it. For "spiritual causes," treatment is of a ritual nature and is oriented to restoring moral balance.

Thus, the complex Bengali model treats at least some of the mad as agents, responsible for at least exacerbating their symptoms if not causing them. In other cases – even where patients are held to be the ultimate cause of their own madness – through violation of a taboo – people attribute mad behavior to an external agency. Among the external causative factors is *ālgā*, "[the influence of something] loose [like a "wild" spirit]" (Wilce 1998). In some parts of Bangladesh this loose thing is a "wind," but wind can be a euphemism for a spirit. A study of Bangladeshi immigrants in London (Bose 1997) found that family members attribute mad

behavior to another euphemism – *upari*, “[the influence of something from] above.”

During my fieldwork in rural Bangladesh, *jinn*s “grabbed” (*jinn-e dhar-ech-e*) or possessed two recently married women, causing them to speak in a shockingly brash manner. In such cases of spirit possession, medication is not prescribed. Traditional practitioners treat the problem by magical use of select passages from the Qur’an, or in some cases, combine this practice with a very firm talk to the spirit by an exorcist, a talk involving negotiation, but finally a firm command to leave. Rani’s family tried at first to treat her madness as a case of possession and arrange multiple exorcisms. Her mother says these failed; Rani agrees. After that, they gradually, if sadly, accepted her *pāgalāmi* as a part of her rather than the effect of a spirit. Thus, it often takes time for people to come to an agreement about the nature of a particular case of deviance. In the case of Rani, the possession hypothesis led to an intervention that failed; the family and their practitioners then turned to other hypotheses. Such trial and error is part of the local process of diagnosis. In greater Bengal (which includes Bangladesh and West Bengal), people distinguish between endogenous madness and “divine madness” (McDaniel 1989). If deviance lasts and exorcism fails, the madness will eventually be considered endogenous, *māthākhārāp* (bad head). Hopes dim. Exorcism either works quickly or never does, and there is no quick cure – perhaps no cure at all – for *māthākhārāp*.

This discussion of possession and madness leads us to a broad assertion. No classificatory, diagnostic, or therapeutic term has meaning on its own but rather derives meaning from the network of terms used with it or as alternatives to it. Regardless of whether a particular case is blamed on spirits at a particular stage, the semantic network (Good 1977, 1994) in which Bangla *pāgalāmi* is embedded, includes wildness and spirits – one reason to avoid reducing it to psychosis as a secular disease.

An ethnopsychiatric system that is as deeply pluralistic as is that of greater Bengal resists being placed on either side of the divide between optimistic and pessimistic, or exogenous and endogenous understandings of the cause of madness (Barrett 1988). In fact, the Bengali model assigns a role to body, spirits, substances, and actions. The body is both the ground of potentially “mad” behavior and its affected object. Bangladeshis may describe madness in terms of a heating of the head. They ascribe that heating to foods, acts (including, or perhaps particularly, speaking), or envision “the madness” as an entity localized in the head, with wild eating as its symptom.³ Willfulness or willful behavior can be flexibly ascribed to madness or blamed as its cause. Eating or speaking with too much

enthusiasm can be a problem. Lamenting – loud melodic weeping – that is judged excessive may be simultaneously used as evidence that the performer “is” mad and blamed as at least an exacerbating factor in her madness – an act of passion that must certainly heat her head further (Wilce 1998). Likewise, Dr. Chowdhury can, within the course of a minute, hear a patient speak in a “paranoid” fashion, turn to me, and tell me in English that he suffers from paranoid ideation, and then turn to him and tell him that his thoughts will make him worse and he should control them. Thus, whether one is a psychiatrist or a “layman,” to speak of *pāgalāmi* is to speak of a model of the self and its moral universe.

“Madness” and the Rhetorics of Bangladeshi Selfhood

One reason *pāgalāmi* requires moral-ritual intervention is that it can arise from perceived moral violations including talking too much, too subjectively, or just wildly. We must see this madness as transgression in relation to legitimized and delegitimated Bengali strategies for handling subjectivity and achieving intersubjectivity. As I will show, Bangladeshis often express these strategies metacommunicatively (Bateson 1972), particularly in communicative acts that judge or guide the speech of others. *Pāgalāmi* is constructed largely in terms of morally deviant attraction of attention to the self.

Strategies for balancing subjectivity and intersubjectivity are culturally relative. We see this in the Bangladeshi tendency to find signs of madness in the very marks of individualism praised in the West. An anecdote related to me by Dr. Chowdhury from her mostly urban experience illustrates how madness becomes a key sign in the semiotic network around Bengali selfhood. Dr. Chowdhury needed to renew her passport; the bureaucrat dealing with her discovered that she was a psychiatrist, whereupon he opined that both madness and visiting a psychiatrist were *bīlāsītā* (luxurious self-indulgences). I heard rural people voice similar judgments of a man who sang prayers lamenting his fate. Self-assertion appears to be self-indulgence in a context where interpersonal autonomy is not idealized. In South Asia, the idealized self is radically embedded in the hierarchical structure of the extended kin group. The positive individual self-regard encouraged by so much self-help literature in America is, in South Asia, matched by a family-based “we-self-regard” (defining self in relation to family, staking one’s self-regard in the whole family’s reputation – Roland 1988; Kurtz 1992). Where cultural traditions sing the virtues of group loyalty rather than individual self-expression, what one rural Bangladeshi called “singing your excuse” – probing or expressing one’s subjective experience – is a disapproved luxury.⁴

Societies that regard madness as an illness bearing some relation to emotions that need to be worked through, may validate such work. But the *pāgalāmi* model values other sorts of work. Those Bangladeshis whom I prompted to talk about *pāgalāmi* described it in moral terms – as a failure of moral discernment entailing neglect of one's duty, the responsibilities accompanying one's gendered social role. Most Muslims, especially women, should not desire the position of those who legitimately lead prayers at the mosque or play other public roles. It is regarded as *pāgal* to raise one's voice – in lament song or even in prayer – in a public sort of way when one's role is understood to be much more circumscribed (Wilce 2002).

As an ideal type, bureaucracy is a product of "rational" states and cultures of efficiency (bureaucratic realities notwithstanding!). Dr. Chowdhury's bureaucrat was efficient to the end, providing a single word – *bilāsītā* – that condenses many views of madness I gleaned from the neighbors and family members of the mad. For instance, Rani's economically marginal family expressed a concern that Rani accepts no limits on what she eats. The fact that they consider Rani's appetite a form of self-assertion resonates with my American commonsense. What is striking, however, is the fact that self-assertion itself is so "marked" that it is taken as a symptom of madness. In such an interpretive climate, open displays of subjectivity by the well or the mad are threatening rather than desirable. One does not speak of one's innermost experience, nor do criticisms of the "luxury" of madness focus on their subjectivity. Experience is not expected to be the theme of discourse, and in fact is not even the explicit theme of those criticizing madness as a "luxury." Characterizations of the mad thematize what they do and say more than what they see, hear, dream, or perceive. The proverb cited earlier, linking goats and the mad, epitomizes the characterization of madness as (out of control) behavior rather than experience.

Thus, Bangladeshi discourses find indexes of madness in a range of acts, from singing one's prayers to eating "too much." What makes those indexes cohere into a single model, the *pāgalāmi bilāsītā* model, is the notion of a deviant attraction of attention to self.

Subjectivity, Intersubjectivity, and Empirical Research: Interpreting Naturalistic Interaction

Unless we reflect deeply upon it, we in the West take language as a tool for referring to things in the world, things presume to exist quite apart from our speaking of them. Among these things that we often include in our image of "objects" to speak about are feelings. We speak of subjectivity

as if feelings were stored "inside" a person, awaiting verbal expression in a transparent medium (language) that we don't imagine will have much impact on the feeling itself. It takes a little more reflection to realize that much speech is at least a kind of impression management. Wittgenstein went so far as to describe all uses of language as so many language games, by which he meant to draw an analogy between conversational moves and moves in a game like chess.⁵ I think we err when we describe interviews as if they uncover the interviewee's truth, as if all interaction did not also serve the central function of negotiating the terms of relationships, or creating some relational dimension afresh. And it is important to realize that Bangladeshis and many other peoples do not share our model of subjectivity, or our value on "direct" and "sincere" expressions of feeling.

Spoken interaction is like a dance; it reveals joint achievements or failures as much as individual psychological realities. We can use videotape to get at both. When I videotape my own interaction with a family like Rani's, I learn as much from their semiprivate talk amongst themselves as from my questioning. Naturalistic moments of familial interaction that I have recorded on videotape often reveal more than do answers by those same persons to my questions. As speech events structured by outsiders, interviews are problematic (Briggs 1986); social scientists are at times confronted with the paradox of wanting to observe how people are with each other when they are not being observed.

I got to know Rani and her family in unstructured interactions, participating with and observing them in their life at home on several occasions. On some of those occasions I made audio- or videotapes of the interaction. Rani's sister Shapla and a male field assistant (Faisal) helped me transcribe and interpret the audiotapes *in situ*, and I was also assisted in my work with the videotapes by a number of Bangladeshi people in the United States – all of whom had been away from home less than two years – upon my return. Providing accurate transcripts is basic to my task; their accuracy primarily reflects the help of Shapla and Faisal on site in 1992. I relied on Bangladeshi consultants in the United States, not so much to translate, as to transcribe portions of the many hours of tape that serve as context to what is described here, and to reflect with me on the visible behavior which my U.S. video lab enabled me to show them – an advantage I did not have on the field in 1992.⁶

The sort of participant observation in which I got to know Bangladeshi families is the most fundamental, but also ineffable, of the methods anthropologists use. By no means did I videotape all of my interactions with Bangladeshi families during my five years there. I have no videotapes of normal families rebuking children for not answering questions adults put

to them – but it does happen. At least when someone – for example, an adult – asks a question, families treat failure to answer clearly as a real infraction. In this sense, people expect clarity (as opposed to irrelevance or mumbling) at least as much at home as in public encounters. The presence of a visitor like myself does not make any given home encounter that unusual, given the frequency of social visits by neighbors and friends. Family members care about but can more easily overlook failures in the dance of interaction when no visitors are present, but the stakes are higher during a visit.

In a recent trip to Bangladesh it was after I had turned off my two video cameras and left the home of Pomul – a fifty-year-old man who had suffered with schizophrenia for thirty-five years – that his brother, Baro, walking with me to a corner where I could get a cab, described what it had been like to live with Pomul. Baro told me that, before that night, no one had ever told them that hearing voices was a symptom of Pomul's illness. Baro said that they used to punish the fifteen-year-old Pomul, at the outset of his illness, when he would plug his ears with his fingers. I presume this was to shut out his voices. Baro also admitted that for years the large family had blamed Pomul for ruining their reputation, since they "had never had another problem."

Although I did not tape that conversation with Baro, or other events in which Bangladeshi families work hard to get deviant members back into the dance of interaction or may even punish deviance, they form the context of the case study that follows. We lack broad surveys of what constitutes "normative" familial interaction there. We do not know what might constitute "hypercritical" emotional engagement in families with or without schizophrenia. What is clear, though, is that Bangladeshi families invest great energy to achieve a "beauty" that, for them, is constituted in the give and take of interaction.

Fortunately, people tend to forget about recording equipment after a while, and thus my recordings capture some sense of the everyday. In relation to families like Rani's and Pomul's, my open-ended interactions and loosely structured interviews are most revealing when they are least like interviews and most chaotic, multiparty, and Bengali in their structure and norms – most like naturally occurring family interactions. My presence itself had an effect. Even so, in the analysis of Rani's case, the videotape enables us to focus on what family members do with each other. When I examine their interaction, I discover how families may expect to verbally and gesturally "dance with each other," and if they fail, how they try to shape each other's moves. The metacommunicative moves of mother and sister – the signs they give in word and gesture of how they think Rani ought to communicate – deserve special attention.

Thus, what I tape – while not quite "natural" – deserves the label "naturalistic interaction," and in it we see naturalistic evidence of subjectivity. Although Bangladeshis do not talk much about subjectivity, their subjectivity and attempts to achieve and maintain intersubjectivity are still amenable to our analysis. Emotion, after all, is often signaled without being named or talked about. The "preference" – at least among the economically and politically marginalized majority in Bangladesh – for indirect signaling of experience simply constrains the methods of inquiry. It is best in this instance to approach subjectivity through naturalistic interaction. Of particular import are the ways in which those categorized as *pāgal* may index their subject position (that is, their right to experience or assert some desire) if not their inner experience.⁷

Embodiment offers itself as a relevant paradigm for the empirical study of subjectivity (Csordas 1990).⁸ Videotaped interactions provide opportunities for studying how people strive to make sense of each other's actions, creating intersubjective understanding with or without verbal reference to inner experience (for example, emotion labels). Interpreters – kin as well as anthropologists – use embodied and verbal signs to signal tentative "readings" of each others' moves in the game of interaction, and correct misreadings, thus achieving common understandings through interaction (Garfinkel 1967; Schutz 1970; Duranti 1997). This works much of the time, but it is always tentative and fragile. Rani's case, which follows, reveals how repeated failure to achieve intersubjectivity can cause suffering, exacerbated when high expectations for this achievement are upheld. For the mad, the expectation that mutual coordination of talk and action should be counted on as a given appears to be more an ideology than a possibility within their grasp (Desjarlais 1997). My case study also exemplifies the contribution that analysis of videotaped interaction can make to the study of madness in domestic and therapeutic contexts.

To uncover these phenomena in videotaped interactions requires a fine-grained transcription of that interaction (Duranti 1997). Because of the importance of interactional timing in the achievement of intersubjective attunement (Sacks, Schegloff, and Jefferson 1974; Schutz 1976b) and thus in the analysis of interaction with the mad (Schefflen 1973), I attend closely to pauses and overlaps. I also attend to grammar and the poetics of psychotic speech because of what those features reveal about the orientation of the speaker, often in contrast with interlocutors' orientation.

Rani: A Case Study

I met Rani in 1992. Like many of the Hindus left in Bangladesh, Rani's family is barely able to survive. They live in a house of thatch, with a

tin roof, within a few meters of the banks of the Dhonagodha River in which they must bathe, and which flooded in 1988. Rani spent much of her time squatting on the hardpacked dirt floor inside, or keeping the courtyard outside swept clean of leaves and debris. The household had no permanently resident males. It subsisted largely on what Rani's sister Shapla earned tutoring neighborhood children.

Shapla would lead the children in a polyphonous chorus of reading, demanding that each child speak out in a loud, clear voice. This is a highly valued form of oral literacy that bears some resemblance to political oratory in its marked intonation contours. Loud speech that remains on a high pitch until reaching a sharp drop at the end of each sentence achieves what Shapla calls "beauty," and does so in one of two ways. For individual orators it is associated with an aesthetic of clarity that is appreciated by audiences, especially so if the pitch is well controlled. For choruses of students or worshippers, it achieves a sense of ensemble and intersubjective attunement.

Rani had first become ill at the age of twenty, some four years before I first met her. Talking about the onset of symptoms with her mother, Mashima – my term of address for her as my fictive maternal aunt – focused on how hard it was for Rani when her sister, Shapla, sold her old books rather than pass them on to Rani so that she might, too, attempt the matriculation examination. Rani was hurt that her brother and sister would not put her through school.

Gender symbolism pervaded Rani's symptoms. She refused to bathe in the river because she (and no one else) saw snakes – an image Hindus connect with sexuality, the Serpent goddess, and Tantric Hinduism (Sullivan 2000). She dressed in a way that failed to meet the requirements of feminine modesty – in a *shalwar-khemiz* (loose pants, long blouse) but without a *dopatta*, the long and broad scarf to "cover the breasts." She also ate voraciously, a trait that stands out in a culture where households are male-dominated and women are expected to eat last and least. Rani's food demands violated gender norms; the societywide constraints on self-assertion fall particularly on women. Just as the Bangla proverb links goats with the mad and eating with speaking, so Rani's family viewed both her orality – eating and speaking – as out of control.

As I spoke to Mashima, Rani would change from staring, to shouting, to standing silently with one hand raised for minutes on end, to eating rice so greedily that some spilled out of her mouth – highly unusual for Bangladeshis, who try not to waste even one grain of rice. At one point Rani chased a rooster and hen away, shouting angrily. Though Mashima and Shapla had previously claimed to understand everything Rani said, on that occasion they told me, "She's speaking her own language, and

we do not understand." They desperately sought my help to cure Rani so that she could be married into the family of some man who would at least have more to feed her than Mashima.⁹

Transcription Conventions

It was impossible to interview Rani about her subjective state, but it was possible through video and audio recordings to observe her spoken interactions, her bodily postures and movements, and the style in which her family interacted with her. In the following transcript, the participants are designated as follows: *R* is Rani, *W* is Jim Wilce, *M* is Mashima, *S* is Shapla, and *B* is a boy from the neighborhood. Pauses, measured in seconds, are recorded in parentheses. Parentheses also enclose words that are uncertain or hard to make sense of. Indecipherable syllables are designated with an *x*. A bracket between lines marks an interruption or overlap and is located at the point at which the overlap begins. "Stage cues," descriptions of a speaker's vocal quality, her addressee, and so on, are enclosed in brackets. Latching – a near overlap with no perceptible pause between speakers – is designated by =. Degree signs around a word or segment (°x°) indicate markedly quieter speech. Exclamation points represent markedly louder speech.

- 01 W: How did you sleep?
 02 R: (2) (?? in my mind??)
 03 W: Did you sleep?
 04 R: On the day my mind was burning.
 05 W: (1.5) Hmm?
 06 R: It burns.
 07 W: (2) I didn't get that.
 08 R: (2) (for Allah's sake??), OK?
 09 S: Speak (like a recitation) – can't you speak like that?
 10 R: [They] don't take [it].
 11 S: Speak! (.5) Speak beautifully.

For several minutes I talk with Mashima about what sorts of treatment she had previously arranged for Rani. The transcript resumes.

- 12 W: Now what will you do?
 13 M: (.6) Son, what am I supposed to do (laughing)?
 14 M: Can you, would you make her well?
 15 (3)
 16 W: (to R) Now (.2) what do you want?
 (2)

- 17 W: Rani.
 18 M: (.1) Say, "I want to be well."
 19 R: (laughing xxx)
 20 R: (xxxx xxxxx)
 21 M: Rani! Hey!
 22 M: Say, "I want to be well."
 23 R: (Mother, why would you need to get well?)
 24 M: [Say] "I want to be well."
 25 R: (2) [in normal, end-falling intonational contours] In whatever direction [Bangla dik-e].
 26 R: The earth underneath this homestead [goes].
 27 R: [goes], that's the direction (of the homestead?)
 28 R: Let [someone] give [Bangla di-k e] this.
 29 R: Let someone give (giv-). Give this.
 30 R: Let someone give (xxx).
 31 W: Ra . . .
 32 R: If someone says to give.
 33 M: The value=
 34 B: =(What was the cost?)=
 35 W: =How did you feel about the healers?
 36 W: How did you feel about the healers' treatment?
 37 R: [smiles] °It went like (x)°.
 38 S: Speak.
 39 M: Speak!
 40 S: [softly] Rani.
 41 M: [leaning forward] The healers' treatment . . .
 42 M: How was it?
 []
 43 R: [shaking head negatively] Healers don't succeed.
 44 M: Say "do not succeed."
 []
 [starts echoing M's head shake]

I first wish to focus attention on the spoken interaction between Rani and her family members rather than the features of Rani's speech that may arise from her schizophrenia. Conversation is probably a universal speech genre defined by the norm of one person speaking at a time, with turn taking determined by a range of culturally and situationally specific rules (Sacks et al. 1974). Although speech communities differ in what they consider a normal pause length, Bangla conversation shares with a number of other languages, including American English and Thai (Moerman 1988), a tendency to minimize interturn pauses and overlaps. Hence,

long pauses mark a break in synchrony. Short pauses are an achievement that reflects intersubjective attunement between interlocutors that enables them to anticipate that one is coming to a point at which another might appropriately take a turn. The short pauses between lines 12 and 13 and between 17 and 18 reflect how it is possible for intersubjective attunement to the rhythms of interaction to be achieved even when one interlocutor is a foreigner. Mashima knew my turns were complete. By contrast, attempts to engage Rani lead to awkwardly long pauses, evident throughout lines 1-8. After line 15, my question to Rani would make her an appropriate next speaker, but there follows, instead, a two-second pause. Such difficulties lead to overlaps. After my question in line 1, there was also a pause of two seconds. I gave up waiting for an answer and began reiterating the question, only to discover Rani had begun speaking. In line 19, Rani overlapped her mother's attempt to elicit a proper response to another of my questions. The transcript brings to light the contrast between the effortless interactive coordination between most of those present, and the awkward, disjointed attempts at interaction with Rani.

Shapla and Mashima enact a Bangladeshi value system that ranks the achievement of intersubjectivity over the expression of subjectivity. This culturally specific aesthetic, captured in the term *sundar* (beautiful), merges moral and emotional domains into bodily and linguistic interaction (Desjarlais 1992). We see this aesthetic evaluation of interaction, and particularly of Rani's speaking, in lines 9 and 11. Shapla tries to rein in Rani's discursive wandering, first goading her with a rhetorical question (9) then a very direct imperative (11), *bal, sundar kare bal*, "Speak - speak doing beauty!" It is the juxtaposition of 9 and 11 that reveals some of what "beauty" meant for Shapla - that is, speaking out clearly as one would in a recitation (such as Shapla elicited from the children she tutored). Yet more importantly, this was Shapla's way of urging her sister to understand and join in the normative moves of their interaction games. "Speaking beautifully" would entail appropriate participation, including giving clear answers to my questions about how she had slept, and so on. "Beauty" in relation to speech, for Rani's family, meant polite interactive participation and verbal clarity. Such polite participation normatively involves ways of deploying the body as well as words.¹⁰

Some familial efforts to achieve intersubjectivity involve optimistic interpretations of Rani's words. In lines 33 and 34, Mashima and a little neighbor boy try to interpret her words as an attempt to engage her interlocutors. They respond to her talk of "giving" with interpretive guesses, filling in the blanks in Rani's discourse, addressing the value of whatever it is that needs to be "given." These responses are best seen as desperate

attempts to channel flights of subjectivity into the common stream of intersubjectivity. Given that expressions of one's own subjectivity are usually seen as a *bilāsitā*, self-indulgent luxury, lines 33–34 reflect an attempt to rein in Rani's rampant, "self-indulgent" subjectivity as they guess what she at least should have "meant" to say.

We also see Mashima's concern for her daughter's "beauty" – her well-attuned deployment of words and embodied movement – especially in lines 43 and 44. Throughout the transcribed interaction, Rani was seated, facing toward me, though almost never looking at me. Mashima was standing behind her in the shaded doorway of their home, while Shapla stood with her gaze mostly on Rani, holding a microphone toward her. Rani had certainly not been attuned to our questions. She did not even orient herself in any obvious postural or gestural way to the physical presence of her interlocutors. Seeing this, her mother took matters into her own hands. Even from behind Rani, Mashima used her words and her body in a last ditch attempt to help Rani attune to the flow of their interaction. I had asked Rani about her experience of what I know to be sometimes violent folk treatment (lines 35 and 36). Shapla (38) and I had failed to get her to respond. Yet, when Mashima repeated my question (41–42), she succeeded – Rani shook her head from side to side, saying such treatment does not "turn out well." In lines 43 and 44, Mashima actively constructed her interaction with Rani as mutual by echoing Rani's moves and words. She repeated Rani's long overdue answer about how traditional healers failed and, as she did so, shook her head from side to side immediately after Rani had done so. This appears to have been a sort of compensation for Rani's failure up to that point to echo others' moves or engage them in any sustained interaction. If Mashima could help Rani engage any of us in the mutual give and take of interaction, she could lend a sense of "beauty" not only to the moment but also to her daughter. But she was able to do so only by going beyond helping Rani to actually making interactive moves on her behalf.

Mashima's behavior reflects and sustains her aesthetic of language as intersubjective achievement, as orderly and polite exchange. Such a strategy enables the family to carry on, glossing over Rani's problems, or propping up her efforts to produce the appearance that she was doing her share of the interactive work. Yet, Rani had her back turned to Mashima when Mashima echoed Rani's head shake; that misalignment suggests the greater suffering of Rani and her family together. It also suggests how inadequate purely cognitive models are to capture the embodied, moral, emotional collisions of people with life's resistance (Kleinman 1992). Rani's turning her back during her mother's attempts to build a facade of intersubjectivity becomes a trope for the breakdown of mutual

attunement in the family. Such a breakdown is all the more painful in a cultural system that values the centripetal force of intersubjectivity above the centrifugal force of subjectivity.

Intersubjectivity is a tenuous achievement (Schutz 1976a). To take intersubjective attunement as an unproblematic given is misguided and potentially injurious. Far from engaging her interlocutors Rani was playing a solitary sort of language game (Wittgenstein 1958; Duranti 1997). Her language was turned in on itself, playing with and celebrating its own capacities. In giving herself over to play on Bangla homonyms (the punning connection between *dik-e*, "in the direction of," and *di-k e*, "let him give this") and then a whole paradigm of the verb *di*, "give," she neither invites nor seems to expect any participation. This game is her own. To Rani's private play her family responded by beckoning toward shared values, connection, and mutuality, but as fast as they repaired ruptures in attunement Rani created more. From the outside these attempts by members of her family appear doomed and perhaps akin to the sort of negative emotion expressed by families of people with schizophrenia who are associated with poor prognosis (Karno, Jenkins, de la Selva, Santana, Telles, Lopez, and Mintz 1987).

Rather than complying with our multiple proddings to talk about something, Rani plays with a verb paradigm, as some foreign student learning Bangla might do. In a few quick lines (28–32), she produced five different forms of the verb "to give": the third person imperative (let someone give), the naked verb root (which never occurs in normal speech), the conditional, the infinitive, and the demeaning (or very intimate) form of the imperative. Playing with a verb paradigm entails taking pleasure in structure for its own sake, quite different from a semantic use of language. Whatever Rani's goal might have been, the effect was not to achieve intersubjectivity. Clear reference focuses the self and puts it in the service of intersubjectivity. A clear pointing gesture, an utterance referring to something topical at a given moment of shared understanding – these illustrate both how interaction imposes a certain focus and how such reference makes mutual understanding possible. Rani's paradigm play is a kind of self-involvement radically different from intersubjectivity. Psychotic experience and actions lie beyond a "symbolic" or semantico-referential mode of linguistic expression.¹¹

So, "beauty" in relation to speech, for Rani's family, meant interactional politeness and verbal clarity, not subjective fancy such as they perceived in Rani. Rani's preference for a kind of linguistic solitaire frustrated her family's efforts to include her in a shared game. Intersubjective attunement as a norm (for conversation analysts as for Rani's family) represents a partial "take" on reality, a value with its own context of

power (altruistic though a family's power might be). It relates to the political economy; the ideological valorization of intersubjectivity is inflected by motivations related to political-economic interests (Desjarlais 1997). The insight applies as well to Rani's family, anxious as they are that she regain her footing on the normative paths to subsistence available to Bangladeshi women, particularly marriage or nowadays, tutoring neighborhood children.

Note that Rani's family does not mention their distress at her performance failures any more than Rani confesses the pleasure she takes in linguistic structure. Both signal these emotions in a manner revealed by careful analysis of this excerpt of their videotaped interaction. Bangladeshi bodies and voices embody metacommunicative value judgements. They critique and guide the communicative behavior of individuals, in this case, Rani. Conversely, bodies and voices are objects of this sort of regimentation of behavior (Schieffelin, Woolard, and Kroskrity 1998). Rani's unintelligible speech and awkward behavior served as a screen onto which her family projected norms of interaction. Videotaped events, I argue, provide a unique close-up view of breeches in intersubjectivity and attempts to repair them, played out in this Bangladeshi context within the arena of the cultural aesthetics of *sundar*. This analysis also reveals the clash of worlds and of two different subject positions: Rani's very tenuous position, like that of a child striving to magically create a world (one of nurture to which she can cry, "give!"), and that of her family, relatively stable "on the ground," controlling a space suitable for a fulcrum to leverage others' actions (de Certeau 1984; Desjarlais 1997). Their desperation to restore Rani's sanity reflects the weakness of women's position in two ways. First, Mashima and Shapla are called to constrain Rani's verbal playfulness – because a woman in rural Bangladesh who exceeds her limits is vulnerable to censure at the very least. Second, they have so few resources that they need her to be marriageable, if not restored to mental parity with her economically productive sister.

Postscript: My friend the psychiatrist, Dr. Chowdhury, traveled on my invitation to Rani's rural home in April 1992. She spoke with her in the presence of family members, and turned to comment to me in English on the irrelevance of Rani's "answers" to her questions. (This despite the fact that Rani was actually much more coherent at that moment – after initially running away from the psychiatrist and speaking incoherently in a far corner of her homestead – than she had been in the interaction transcribed previously). After spending almost an hour there, Dr. Chowdhury prescribed antipsychotic injections to be administered back at her office in Dhaka. The family complied and maintained a regime of monthly travel and injections for two years. I saw an almost immediate improvement.

Sadly, Rani's family could no longer make the trips after two years, and she had relapsed completely when I met them again in 1996.

Conclusion

Bangladeshi *pāgalāmi* encompasses forms of deviance from silliness to psychosis and bestows on them the kind of semantic unity engendered by lumping items together in thought and discourse. The category, the label, and its manifold associations all play a role in shaping the imagination and experience of madness. The widespread knowledge that being *pāgal* entails an expectation to eat and speak wildly, licenses wild appetites expressions. I have argued that the Bangladeshi understanding of sanity as intersubjective attunement and madness as subjective flight relativizes subjectivity and its relation to intersubjectivity. Rani and others (Wilce 1998, 2002) exemplify a tendency for the so-called *pāgal* to revel in their subjectivity. This tendency takes on a particular meaning in Bangladeshi cultural context. Reveling in subjectivity challenges Bangladeshi communicative norms and evokes criticism. It is just such criticisms that reveal local ideals of interaction. The criticisms take on an ideological flavor in these histories of interaction. Because the "mad" violate expectations, they become the objects of metacommunicative, ideological attempts to regiment their speech. The very affectivity, self-exploration, self-sensitivity, and the modes of expression associated with such states are taken as threats to the Bangladeshi value system. The very tendency of some of the "mad" to focus on their experience, per se, invites negative attention and objectification (Wilce 1998). Bangladeshi discourses about "madness as *bilāsītā*," the luxury of "self-indulgence," entail just that sort of critical objectification.

Thus, the centrality of speech-interaction among locally designated "signs of madness" – but also the central role of speech, metalanguage, and metacommunication (including gesture) in the formulation of local criticism and shared cultural ideas about madness – invite the sort of interpretation linguistic anthropology can provide. Linguistic anthropologists often work intensely with a few cases, painstakingly transcribing long stretches of talk and providing ethnographic contextualization. When they do analyze single utterances or turns at talk, they do so within the larger context. Increasingly, they turn to videotape to preserve much of this richness. These methods have provided us with a fine-grained view of the problems madness presents for Rani's family and their interaction. Analyzing the transcript uncovered local actors' attempts to use metacommunicative acts – from saying "Speak beautifully!" to echoing Rani's gesture as if to reestablish the link between them – to shape the

communicative acts of the deviant. Madness presents these families with the particular problems it does partly because of their expectations, which reflect Bengali culture and its values vis-à-vis subjectivity and language. Shapla and Mashima enact a Bangladeshi value system that valorizes intersubjectivity and fosters its achievement rather than individual self-expression. The culturally specific aesthetic captured in the term *sundar* merges the moral and the emotional into embodied linguistic interaction. The methodology of linguistic anthropology has provided insights into such interactions. Such an approach may well be relevant to the study of expressed emotion in schizophrenia (Jenkins 1991; Jenkins and Karno 1992). Shapla's call to "speak beautifully . . . like a recitation" and Mashima's gestural-echo might escape being coded as overt criticism, or even open longing for "the old Rani." Perhaps it is not hypercritical – that remains unclear so long as baseline research into madness and its family context in Bangladesh is in its infancy. However, the videotape reveals what I think we must call Mashima's "surplus of desire" to see her daughter engaged in the normal exchange of gestures and verbal sequences.

My analysis reveals the centrality of gender in the transformations of the self that come to be called madness.¹² Economic, cultural, and meta-communicative pressures present challenges for the full recovery of Rani and others like her. But those called *pāgal* also present challenges of their own – to Bangladeshi gender stereotypes, for instance – as they play with gender and other signifiers. Exceptional gender role behavior was common to all the so-called *pāgal* I knew, regardless of their particular psychiatric diagnosis or lack thereof. This attests to the powerful influence of the *pāgalāmi* label and the model it distills.

The symptoms of madness receive particular marking in Bangladesh. One may be diagnosed according to international criteria, but one must still face local interpretations and pressures. The appetite of the mad becomes a particular object of scrutiny. If they resort to a traditional genre of emotional performance, the lament, or in some other way put marked energy into the expression of private thoughts and feelings as did Rani, that also comes in for critical attention. Thus, the symptoms of *pāgalāmi* engage context and expectations; in a limited sense, *pāgal* behavior is a performance. However, like all performance, it is highly interactive, and my calling attention to its performative qualities, paradoxically, challenges local views of madness as a kind of malingering (Wilce 2002). The construction of madness as label, and the performance of madness as behavior, are both crucially affected by, and entail a dialogue with, rural Bangladeshi norms of intersubjectivity and of gendered speech and behavior.

NOTES

- 1 I gratefully acknowledge the support of Provost Susanna Maxwell and the Organized Research Committee of Northern Arizona University in writing about the matters presented here and in revisiting Bangladesh in 1996. My 1991–92 fieldwork was supported by IIS/Fulbright, the National Science Foundation, the American Institute of Bangladesh Studies, and the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B). I am also deeply grateful to Rob Barrett, Janis Jenkins, the Russell Sage Foundation, and all those who participated in the symposium for their support and insights.
- 2 This reflects ongoing emigration of Hindus to West Bengal, India, leaving well over 90 percent of Bangladesh's citizens identifying themselves as Muslims (VanGinneken 1996). VanGinneken's estimate is based on demographic research conducted by the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B).
- 3 Compare Cohen (1998:243–4) for an account of the elderly whose "bad voices" – for example, demanding too much food – can be considered symptoms of madness.
- 4 Singing is used as a metaphor for odd, "selfish" speech in rural Bangladesh (Wilce in press).
- 5 For the particular way that linguistic anthropologists have used Wittgenstein's notion of language game, see Duranti (1997).
- 6 I exported the audio track of *some key portions* of my videotapes – those transcribed here – in 1992 to play for Faisal and Shapla, which was the best I could do at that time. One of these limits was the VHS/PAL conversion problem, but the primary constraint was that 1992-era cameras had no adequate built-in monitors. Thus, I could only play the much longer portions of video that form the context of the transcribed portions with technology available to me here.
- 7 I thank Arthur Kleinman and Byron Good for stressing the importance of "subject position" (and not only subjectivity traditionally construed) during the Russell Sage Foundation symposium, at which I presented a version of this chapter.
- 8 This despite the problematic gap between embodied and conscious affect found in Americans suffering from schizophrenia (Kring this volume).
- 9 This hope that Rani would one day fit back into a productive socioeconomic role led to no overt pressure of the sort I describe as follows; that relates, instead, to polite interaction. But the now-common observation that families, or staff members at a homeless shelter (Desjarlais 1997), or officials at asylums and mental hospitals (Foucault 1973) steer patients toward moral and economic conformity is also relevant in Bangladesh. Here I refer not only to the hopes of Rani's family, which they would voice in her presence, but to the direct attempt by Dr. Chowdhury to persuade another patient and neighbor of Rani's to conform. When the psychiatrist came to visit my rural site in April 1992 she met Hamid, a young man who had partially recovered from an acute episode of psychosis five years before we met him, but who was so paralyzed by fears that he felt unable to work. Dr. Chowdhury insisted he work a bit every day, whether in his brothers' rice fields or in a shop in his village. She urged him to give up his longheld fear that he had been poisoned. Her attacks on his fears

reflect a Bangladeshi moral discourse (against dangerous subjectivities) manifested also in Rani's family, and somewhat parallel to moralizing discourses heard elsewhere.

- 10 I have videotapes of families teaching their toddlers not only to respond to adults making "first moves" that expect a response, such as questions or greetings, but of moving the toddler's bodies to properly achieve the polite act, especially a handshake or a goodbye wave to accompany introductions or leave takings. Parents teach these lessons because such demonstrations of interactive engagement are normative.
- 11 Kristeva argues that psychotic speech is a kind of reemergence (from children's first echolalias) of an earlier semiotic modality. This reemergence produces nonsensical effects that can destroy syntax itself. This "poetry" of psychosis serves as the last prop of the speaking subject threatened with the complete collapse of the signifying function (Kristeva 1993:155, 156).
- 12 In Dr. Chowdhury's psychiatric interview with Hamid mentioned in an earlier note, she asked him whether he had married, using an active verbal construction as is the norm in talking about men marrying. The passive construction he used to answer her, saying he could not *be married* because of his illness (in effect, "to be married off"), is more typical of a women's Bangla idiom.

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8 Innovative Care for the Homeless Mentally Ill in Bogota, Colombia

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While it is not easy to describe or define recovery in mental illness, looking at patients' lives and listening to their stories of change provide access to the experiential dimension of recovery. A series of interviews conducted for a program evaluation in Santafe de Bogota, Colombia provided us with the opportunity to learn about this experiential dimension with an imprint of Colombian culture.

Colombian culture may be seen in terms of a powerful Spanish influence upon the culture of the indigenous Indians, intermixed with the culture of Africans who were forced into slavery by the Spaniards. Colombians speak Spanish, are mostly Catholics, and while they see themselves as morally conservative there is a thread of liberalism running through Colombian society that influences many aspects of everyday life. Colombia is described by Gomez (1994) as a country where violence, insecurity, economic insecurity, and social tension are endemic. The country has suffered from persistent violence ever since independence from Spain. From the very beginning this violence revolved around class and stemmed from extreme disparities in wealth. Guerrillas who originally based their operations in the jungles slowly infiltrated the urban population. "Drug lords," flourishing since the 1950s, convinced organized guerrilla movements to support marijuana and cocaine crops in exchange for money and arms. The drug lords have now emerged as a new class that has taken its place among the few who have plenty. Needless to say, they have not solved the poverty of the many. It is from the most afflicted of the homeless poor that the mentally ill served by the program described in this chapter are drawn.

The Colombian government has limited funds to serve the mentally ill poor. Large public institutions, struggling to provide services of any quality at all, serve the chronic mentally ill mainly through a custodial model. With deinstitutionalization, there have been reports of increased numbers of mentally ill patients living on the streets of Colombia's larger cities. A private foundation, the Colombian Assistance Foundation, is staffed by diverse professionals in health services, banking (Republic